

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) FILED

(CFA-4) **Summary Sheet**

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information 201 h. 6 m. 24 AM 11: 06 assistance in completing this form, see instructions on the reverse side.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

PEGGY BEAVER ☐ Yes

CLERK (29) HAMILTON COUNTY COURTS IS THIS AN AMENDMENT? **COMMITTEE INFORMATION** tion) Check if this is a new name

WestField C.TY 1. Full Name of Committee (as on Statement of Organization) STOKES For COUNCI Rob 2. Acronym or Abbreviated Name (if any) 3. Committee Telephone Number 4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address 16457 Oak Mazor 5. City, State, ZIP Code 6. Party Affiliation (if applicable) IN 46074 Republican WEST Field. CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (include any nickname) 8. Party Affiliation or If Independent Candidate Robert 9. Office Sought (include district number, if any. Not required for exploratory committee.) 10. County of Re DISTVICT **CONVENTION CANDIDATES ONLY** TYPE OF REPORT 11. Check one: Check one: Pre-Primary X Pre-Election Annual Nomination Other Pre-Convention Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of Organization) Post-Convention 12. Reporting Period: **COLUMN B COLUMN A** This Period Year to Date Through: 100,00 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. 0 CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 100.00 15a. Itemized (use Schedule A) 10 0,00 0 15b. Unitemized O 15c. Add lines 15a and 15b in both columns **SUBTOTAL** 0 10 0.00 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL 00.00 100.00 **EXPENDITURES** (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 0 0 0 17b Unitemized 0 17c. Add lines 17a and 17b in both columns SUBTOTAL 0 Ô TOTAL 100.00 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) 00.00 19. Debts OWED BY the committee (use Schedule D) 20. Debts OWED TO the committee (use Schedule E)

> **TIFICATION** T OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. reasurer Date for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly person who fails to file a complete or accurate report as required by the Indiana

and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

EIFED



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER					
Page	of				

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
(street, number, city, state, ZIP code)	OK OTTLER RECEIFT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1 Robert W. Stokes	Contributions:			3/7/11
1 Robert W. Stokes 16457 Oak Manur Dr	In-Kind (describe)		700	3/7/11 Rob STOKE
Westkield 46074	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required) Photograples				
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			
Contributoria Conunction (if conviced)	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		